



City of Bay City  
 301 Washington Ave.  
 Bay City, MI 48708  
[www.BayCityMI.org](http://www.BayCityMI.org)

# MARIHUANA LICENSE RENEWAL APPLICATION

<b>FOR STAFF USE ONLY</b>	
Date Received by Clerk _____	Total Payment of all Licenses \$ _____

- Please submit this application with all requested information and non-refundable \$5,000 fee (per license) to the City Clerk along with a digital PDF file of the complete application.
- Make checks payable to the City of Bay City.
- Please allow 30 days from time of receipt for processing.

### LICENSE INFORMATION

<b>City License Expiration Date:</b>	<b>City License Number(s) of Requested License Renewal(s):</b>
<b>Requested <u>Adult-Use Recreational</u> License Class:</b>	
<input type="checkbox"/> Grower, Class A (≤100 plants) _____ QTY <input type="checkbox"/> Grower, Class B (≤500 plants) _____ <input type="checkbox"/> Grower, Class C (≤2,000 plants) _____ <input type="checkbox"/> Excess Grower _____	<input type="checkbox"/> Microbusiness <input type="checkbox"/> Processor <input type="checkbox"/> Retailer <input type="checkbox"/> Safety Compliance Facility <input type="checkbox"/> Secure Transporter

<b>City License Expiration Date:</b>	<b>City License Number(s) of Requested License Renewal(s):</b>
<b>Requested <u>Medical Marihuana</u> License Class:</b>	
<input type="checkbox"/> Grower, Class A (≤500 plants) _____ QTY <input type="checkbox"/> Grower, Class B (≤1,000 plants) _____ <input type="checkbox"/> Grower, Class C (≤1,500 plants) _____	<input type="checkbox"/> Processor <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Safety Compliance Facility <input type="checkbox"/> Secure Transporter

<b>Applicant Name:</b>
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<b>Business Name:</b>
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<b>Phone Number:</b>	<b>Contact Email Address for Application:</b>
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<b>Physical Address:</b>
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<b>Mailing Address:</b>
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**OWNER AND MANAGER INFORMATION:**

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership

**APPLICATION RENEWAL QUESTIONS:**

- 1) Since the last annual application, have there been any changes in financial interest, company ownership or officer structure, additional loans or funding, or changes in any registered manager(s) that have not been reported?  
 Yes  No If yes, contact the City immediately and file application for changes.
  
- 2) Since the last annual application, has the applicant made any modifications to any listed marijuana facility or processes that have been reported to the state?  
 Yes  No If yes, please attach an explanation.
  
- 3) Since the last annual application, has the applicant received a violation notice, suspension, or revocation of any privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?  
 Yes  No If yes, attach explanation, including date(s), location(s), and status or resolution.
  
- 4) Is the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere?  
 Yes  No If yes, attach detailed explanation and any documents to prove settlement or resolution.
  
- 5) Since the last annual application, has the applicant, any partners, any officers, any stockholders, directors, or managers of said applicant been convicted of any crime, or convicted of any privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana) violation(s)?  
 Yes  No If yes, attach explanation, including date(s) and location(s).
  
- 6) Does the licensee have legal possession of each of the premises for which the renewal application for license is made?  
 Yes  No Owned or Rented: \_\_\_\_\_
  
- 7) Since the last annual application, have there been any changes in the legal possession of the premises by virtue of ownership, lease renewal, amendment or other arrangement?  
 Yes  No If yes, attach all NEW or UPDATED documentation showing current legal possession for each listed licensed location.

## **LICENSE RENEWAL APPLICATION REQUIREMENTS:**

The applicant shall provide the following information. Such information is required for the applicant, the proposed manager of the marihuana commercial entity, and all persons who are true parties of interest in the marihuana commercial entity that is the subject of the application:

1. Submit names, addresses, dates of birth, business addresses, business telephone numbers, copy of driver's licenses, and, if applicable, federal tax identification numbers for everyone listed in the above paragraph.
2. Submit Proof of Insurance. A licensee shall at all times maintain full force and effect for duration of the license, worker's compensation insurance as required by state law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan. A licensee shall provide evidence with the application of the ability to obtain a certificate of insurance for a valid and effective policy which discloses the limits of each policy, the name of the proposed insurer, the effective date and expiration date of each policy, the policy number, and the names of the additional insureds.

### **Please do not submit your full policy. ONLY the following documentation will be accepted:**

- 1) Certificate of Liability with the City of Bay City as the Certificate Holder (Do not submit Policy Declaration Statements)
  - 2) Proof of Worker's Compensation if not indicated or included on the Certificate of Liability
  - 3) Additional Insureds Endorsement Page for General Liability listing the City of Bay City as an additional insured
3. Submit the original notarized Renewal Application Affidavit page.
  4. Submit the original signed Renewal Application Declaration page.
  5. Submit any additional information that the Community Development Department or Public Safety Department reasonably determines to be necessary in connection with the review of the application.
  6. Submit items 3, 4, & 5 for all owners/members with ownership greater than 9%.

**RENEWAL APPLICATION AFFIRMATION OF LICENSEE**

I, \_\_\_\_\_(printed name), as the licensee or as an authorized agent, owner, officer, or manager for the licensee, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical/Adult-Use Recreational Marihuana business license by the City of Bay City **(initial here)** \_\_\_\_\_;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical/Adult-Use Recreational Marihuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant **(initial here)** \_\_\_\_\_;
3. I consent to any background investigation necessary to determine my present and continuing suitability pursuant to State and City Medical/Adult-Use Recreational Marihuana Code and rules and Regulations which may include, but is not limited to, CBI and FBI investigations, and that this consent continues as long as I hold a Medical/Adult-Use Recreational Marihuana business license **(initial here)** \_\_\_\_\_;
4. I understand that the Medical/Adult-Use Recreational Marihuana business must maintain legal possession of the licensed premises at all times **(initial here)** \_\_\_\_\_;
5. I understand that I must apply with the City Clerk and Planning Dept. for any proposed changes to the information provided in this application as required pursuant to State and City Medical/Adult-Use Recreational Marihuana Code and rules and Regulations **(initial here)** \_\_\_\_\_;
6. I understand that the Medical/Adult-Use Recreational Marihuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes **(initial here)** \_\_\_\_\_;
7. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity **(initial here)** \_\_\_\_\_;
8. I understand that the City Clerk’s Office or Planning Dept. may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application **(initial here)** \_\_\_\_\_;
9. I hereby state that I have read Chapter 30 and the regulations promulgated thereunder, and the Code and Local Rules of Procedure of the City of Bay City regarding general business licensing and Medical/Adult-Use Recreational Marihuana business licensing and understand the contents thereof **(initial here)** \_\_\_\_\_;
10. I understand that any Medical/Adult-Use Recreational Marihuana business license issued is conditional, and must be annually renewed no less than thirty (30) days prior to the expiration date, unless earlier revoked or surrendered **(initial here)**\_\_\_\_\_; and
11. I understand that this renewal application is for the licenses issued and held with the City of Bay City and I will make separate, timely application for renewal with the Marihuana Regulatory agency for licenses issued and held with the State of Michigan **(initial here)** \_\_\_\_\_.

I have read all of the above information and understand my responsibilities as a Medical/Adult-Use Recreational Marihuana applicant, licensee, or manager. I further understand that failure to comply with any law, regulation, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

\_\_\_\_\_  
Authorized Licensee Agent Signature

\_\_\_\_\_  
Title (owner/member/officer/director)

\_\_\_\_\_  
Date

**SPECIAL NOTES TO APPLICANT:**

- Consistent with the MMFLA and Freedom of Information Act, MCL 15.231 *et seq.* the information provided to the City Clerk and Planning Dept. pursuant to this section relative to licensure is exempt from disclosure.
- All marihuana commercial entities shall obtain all other required permits of licenses related to the operation of the marihuana commercial entity, including, without limitation, any development approvals or building permits required by any applicable code or ordinance.
- If a deficiency is identified in an application, the applicant shall have five (5) business days to correct the deficiency after notification.

**OATH OF APPLICATION:**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the City of Bay City Ordinances which govern my Permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Bay City Marihuana Facility License Renewal Application  
Declaration**

- 1) Have you ever filed, or been served with, a complaint or other notice filed with any public body regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please provide a statement describing the facts and circumstances concerning the complaint or notice, including the amount, type of tax, taxing agency, and time periods involved.*

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

# Bay City Marihuana Facility Renewal License Application Affidavit

\_\_\_\_\_ is a cannabis company seeking approval for renewal of our marihuana city operating license in Bay City, Michigan.

The undersigned declare under penalty of perjury that the foregoing is true and correct.

1. Neither the applicant nor any Stakeholder of the applicant is in default to Bay City. Specifically, the applicant or Stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fees, or other financial obligations to the City.
2. The transfer of Marihuana to and from Marihuana Facilities shall be in compliance with the MMMA and the Medical Marihuana Facilities Licensing Act or other applicable state laws.
3. All operations will be conducted in conformance with MMMA, the Medical Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act, or other applicable State laws and such operations shall be cultivated on the premises at any one time more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, and the Medical Marihuana Facilities Licensing Act.

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

SUBSCRIBED and SWORN before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Stamp:

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
Signature of Notary Public